

**ANNUAL REPORT
FISCAL YEAR ENDING JUNE 30, 2007**

**LICENSEES ENGAGED IN THE BUSINESS OF MAKING REGULATED CASH-ADVANCES
IN THE STATE OF TENNESSEE**

READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS REPORT

This form must be completed for each licensed office, unless a company or affiliate operates more than one licensed office in this state, in which case this report should be filed on a composite basis.

REPORTING ENTITY

1. Name of Licensee _____
2. Licensee Number: _____
3. Provide the address and telephone number of all places of business operated by the licensee and describe the nature of the business conducted at each location.
4. Business Type:
 - a) ____ Corporation
 - b) ____ Partnership
 - c) ____ Proprietorship
 - d) ____ Limited Liability Company
 - e) ____ Professional Limited Liability Company,
 - f) Other: _____

Schedule A
Regulated Cash-Advance Business Profit Percentages

RATE OF RETURN

- | | | |
|----|--|----------|
| 1. | Receivables Outstanding (Per Schedule C, Item 4) | \$ _____ |
| 2. | Net Income (Per Schedule B, Item 25) | \$ _____ |
| 3. | Rate of Return (Item 2 divided by Item 1) | _____ % |

ANALYSIS OF CHARGES ON CASH ADVANCES

- | | | |
|----|--|----------|
| 4. | Charges Collected and/or Earned (Per Schedule B, Item 1) | \$ _____ |
| 5. | Average Monthly Rate Collected (See Instructions) | _____ % |

ANALYSIS OF EXPENSE PER ACCOUNT

- | | | |
|----|--|----------|
| 6. | Number of Accounts Outstanding
(See Instructions, Per Schedule D, Item 7) | # _____ |
| 7. | Total Expenses (Per Schedule B, Item 24) | \$ _____ |
| 8. | Average Monthly Expense per Account (See Instructions) | \$ _____ |

End of Schedule A

Schedule B
Statement of Income and Expenses

For the Period from July 1, 2006, to June 30, 2007

INCOME

- | | | |
|----|--|-------|
| 1. | Cash Advance Fees Collected and /or Earned | _____ |
| 2. | Handling Charges | _____ |
| 3. | Total Operating Income | _____ |

EXPENSES

- | | | |
|-----|---|-------|
| 4. | Advertising | _____ |
| 5. | Auditing | _____ |
| 6. | Bad Debts | |
| | (a) Charge-Offs | _____ |
| | (b) Deduct: Collections on Accounts
Previously Charged Off | _____ |
| | (c) Additions to Reserve for Bad
Debts | _____ |
| 7. | Depreciation Expense | _____ |
| 8. | Insurance and Fidelity Bonds | _____ |
| 9. | Legal Fees and Disbursements | _____ |
| 10. | Postage, Printing, Stationery & Supplies | _____ |
| 11. | Rent, Janitorial Services and Utilities | _____ |
| 12. | Salaries of Officers, Owners, Partners | _____ |
| 13. | Salaries of all other Employees | _____ |
| 14. | Taxes-Other Than on Income | _____ |
| 15. | License Fees | _____ |
| 16. | Telephone/Fax | _____ |
| 17. | Travel Auto Expense & Allowance | _____ |
| 18. | Supervision & Administration
(were not allocated to other items) | _____ |
| 19. | Other Expenses | |
| | (a) _____ | _____ |
| | (b) _____ | _____ |
| | (c) _____ | _____ |

20.	Interest Paid on Borrowed Funds	_____
21.	Total Expenses Before Income Taxes (Total Items 4 through 20)	_____
22.	Income Before Income Taxes (Item 3 less Item 21)	_____
23.	Income Taxes	_____
	(a) State	_____
	(b) Federal	_____
24.	Total Expenses (Item 21 plus Item 23)	_____
25.	Net Income (Item 3 less Item 24)	_____
26.	Net Income as a Percent of Accounts Receivable (See Instructions)	_____

End of Schedule B

Schedule C
Balance Sheet
For the Period from July 1, 2006, to June 30, 2007

ASSETS

1.	Cash	_____
2.	Cash in Bank	_____
3.	Other Cash	_____
4.	Accounts Receivable	_____
5.	Securities	_____
6.	Government Obligations	_____
7.	Life Insurance on Officers, Stockholders, Business Owners	_____
8.	Prepaid Expenses	_____
9.	TOTAL CURRENT ASSETS	_____
10.	Furniture, Fixtures & Equipment	_____
	(a) Less accumulated depreciation	_____
11.	Buildings	_____
	(a) Less accumulated depreciation	_____
12.	Land	_____
13.	Leasehold Improvements	_____
	(a) Less accumulated depreciation	_____
14.	TOTAL FIXED ASSETS	_____
15.	Other Assets	_____
16.	TOTAL OTHER ASSETS	_____
17.	TOTAL ASSETS (Total Items 9, 14 and 16)	_____

LIABILITIES

18.	Accounts Payable	_____
19.	Accrued Payroll Costs	_____
20.	Rent Payable	_____
21.	Taxes Payable	_____
22.	Mortgages, Bonds, Notes Payable	_____
	(Short Term: Less than 12 months)	
	(a) Banks	_____
	(b) Current Portion of Long Term Bonds and Notes, Payable this Year	_____
23.	Other Current Liabilities	_____
24.	TOTAL CURRENT LIABILITIES	_____
25.	Mortgage, Bonds, Notes Payable	_____
	(Long Term: More than 12 months)	
	(a) Banks	_____
	(b) Long Term Bonds and Notes Payable	_____
26.	Other Long-Term Liabilities	_____
27.	TOTAL LONG TERM LIABILITIES	_____
28.	TOTAL LIABILITIES (Total Items 24 and 27)	_____

NET WORTH

29.	Capital (if corporation number shares issued and outstanding)	_____	
30.	Paid-in Surplus	_____	
31.	Total Contributed Capital		_____
32.	Retained Earnings:		
	(a) Balance (July 1, 2006)	_____	
	(b) Add Total Net Income	_____	
	(c) Deduct Distributions	_____	
	(d) Balance (June 30, 2007)		_____
33.	TOTAL NET WORTH		_____
34.	TOTAL NET WORTH & LIABILITIES (Total Items 28 and 33)		=====

End of Schedule C

Schedule D
Analysis of Regulated Business Activity

Regulated Cash-Advance Business

	Number	Net Amount
1. Accounts Outstanding at beginning of year, July 1, 2006.	_____	\$ _____
2. Number of Transactions made during the year	_____	\$ _____
3. Account balances purchased during the year	_____	\$ _____
4. Total (Items 1 through 3)	_____	\$ _____
5. Account balances charged-off during year	_____	\$ _____
6. Account balances sold during year	_____	\$ _____
7. Accounts outstanding at end of year, June 30, 2007	_____	\$ _____
8. Total (Items 5 through 7)	_____	\$ _____
9. Collections during the year (Item 4 less Item 8)	_____	\$ _____
10. Number of checks returned due to Insufficient Funds, Closed Account or Stop Payment Order/Total Handling Charges Collected for the period July 1, 2006 to June 30, 2007	_____	\$ _____

11. Distributions of Transactions

Amount of the Check	Number of Transactions during the Year
(a) \$150 or less	_____
(b) \$151 to 250	_____
(c) \$251 to 500	_____
Total (must agree with Item 2, Column 1)	_____

AFFIDAVIT

STATE OF _____

COUNTY OF _____

I, _____, the undersigned being the _____
of the _____, licensee swear (*or* affirm), that to the best of my
information, knowledge and belief the statements contained in this report, including the accompanying
schedules and statements (if any) are true and that the same is a true and complete statement in
accordance with the law.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My commission expires

NOTARY SEAL